|   |  |                                  |                  |                                |              |                  |         | Application or Docket Number |                        |        |                               |                        |  |
|---|--|----------------------------------|------------------|--------------------------------|--------------|------------------|---------|------------------------------|------------------------|--------|-------------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD   |  |                                  |                  |                                |              |                  |         |                              |                        |        |                               |                        |  |
| Effective October 1, 2003   |  |                                  |                  |                                |              |                  |         |                              |                        |        |                               | 9                      |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |                                  |                  |                                |              |                  |         | SMALL ENTITY TYPE            |                        |        | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS  |  |                                  | 10               |                                |              |                  | Γ       | RATE                         | FEE                    | ]      | RATE                          | FEE -                  |  |
| FOR   |  |                                  | NUMBER FILED     |                                | NUMBER EXTRA |                  | Ε       | BASIC FE                     | 385.00                 | OR     | BASIC FEE                     | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |                                  | Q minus 20=      |                                | •            |                  |         | X\$ 9=                       |                        | OR     | X\$18=                        |                        |  |
| INDEPENDENT CLAIMS  |  |                                  | minus 3 =        |                                | •            |                  | Γ       | X43=                         |                        | OR     | X86=                          | :                      |  |
| MU  | ILTIPLE DEPEN                                  | IDENT CLAIM PI                   | RESENT           |                                |              |                  |         | +145=                        |                        | OR     | +290= .                       |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |                                  |                  |                                |              |                  | L       | TOTAL                        |                        | OR     | TOTAL                         | 770                    |  |
| ,   | CLAIMS AS AMENDED - PART II                    |                                  |                  |                                |              |                  |         |                              |                        |        | OTHER                         |                        |  |
| 1   | 231/05   | (Column 1)                       | (Colum           |                                |              |                  |         | SMALL                        | ENTITY                 | OR     | SMALL                         |                        |  |
| AMENDMENT A   |  | CLAIMS REMAINING AFTER AMENDMENT |                  | HIGH<br>NUMI<br>PREVIO<br>PAID | BER          | PRESENT<br>EXTRA |         | RATE                         | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | .10                              | Minus            | -30                            |              | =                |         | X\$ 9=                       |                        | OR     | X\$18=                        |                        |  |
|   | Independent                                    | · 2                              | Minus            | ***                            | 3.           | =                |         | X43=                         |                        | OR     | X86=                          |                        |  |
| Ļ   | FIRST PRESE                                    | NTATION OF MI                    | LTIPLE DEPENDENT |                                | CLAIM        |                  |         | +145=                        |                        | OR     | +290=                         |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |                                  |                  |                                |              |                  |         | TOTAL                        |                        |        | TOTAL                         |                        |  |
|   |  |                                  |                  |                                |              |                  |         | DDIT. FEE                    |                        | OR     | ADDIT. FEE                    | -                      |  |
|   |  | (Column 1) CLAIMS                | 1                | HIGH                           |              | (Column 3)       | 1 _     |                              | ADDI-                  | 1      |                               | ADDI-                  |  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT. |                  | PREVIO<br>PAID                 | USLY         | PRESENT<br>EXTRA |         | RATE                         | TIONAL<br>FEE          |        | RATE                          | TIONAL                 |  |
|   | Total  |                                  | Minus            | entr.                          |              | =                |         | X\$ 9=                       |                        | OR     | X\$18=                        |                        |  |
|   | Independent                                    | *                                | Minus            | ***                            |              | =                |         | X43=                         |                        | OR     | X86=                          |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                  |                                |              |                  | '   T   | +145=                        |                        | OR     | +290=                         |                        |  |
|   |  |                                  |                  |                                |              |                  |         | TOTAL                        | ·                      |        | TOTAL                         |                        |  |
|   |  | AE                               | DIT. FÉE         |                                |              | ADDIT. FEE       |         |                              |                        |        |                               |                        |  |
|   | `  | (Column 1)<br>CLAIMS             | (Colurt<br>HIGHE |                                |              |                  |         |                              | ADDI-                  |        |                               | ADDI-                  |  |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT  |                  | NUME<br>PREVIO<br>PAID I       | USLY         | PRESENT<br>EXTRA |         | RATE                         | TIONAL                 |        | RATE                          | TIONAL                 |  |
|   | Total  | •                                | Minus            | **                             |              | <b>=</b> ,       |         | X\$ 9=                       |                        | OR     | X\$18=                        |                        |  |
| ME  | Independent                                    | • .                              | Minus            | ***                            | ·            |                  |         | X43=                         | •                      | OR     | X86=                          |                        |  |
| كا  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                  |                                |              |                  |         |                              |                        |        | 222                           |                        |  |
|   | I the eater in eater                           | L                                | +145=            |                                | OR           | +290≈            |         |                              |                        |        |                               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***OFTAL ADDIT. FEE |  |                                  |                  |                                |              |                  |         |                              |                        |        |                               |                        |  |
|   | The "Highest Num                               | ther Previously Pai              | for (Total or    | Independe                      | int) is the  | highest number   | r found | in the ap                    | propriate boo          | in cot | umn 1.                        |                        |  |